

UNITED STATES DISTRICT COURT

for the
Southern District of Illinois

JOHN SANDERS)
 _____)
 _____)
 _____)
 Plaintiff(s)/Petitioner(s))

v.

MADISON CO. JAIL ADMINISTRATOR)
MADISON CO. HEALTH CARE ADMINISTRATOR)
ALTON CITY JAIL ADMINISTRATOR)
 _____)
 Defendant(s)/Respondent(s))

Case Number:

19-1053-JPG
 (Clerk's Office will provide)

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act, 28 U.S.C.

§§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

JOHN SANDERS c/o ALTON CITY JAIL
1700 E. BROADWAY
ALTON, IL 62002

Defendant #1:

- B. Defendant
- CAPT. Eales
- is employed as

(a) (Name of First Defendant)

MADISON COUNTY JAIL ADMINISTRATOR
 (b) (Position/Title)

with MADISON COUNTY JAIL
 (c) (Employer's Name and Address)

405 RANDOLPH ST., EDWARDSVILLE, IL 62025

At the time the claim(s) alleged this complaint arose, was Defendant #1
 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain:

IS THE MADISON COUNTY
JAIL ADMINISTRATOR.

Defendant #2:

C. Defendant UNKNOWN is employed as

(Name of Second Defendant)

HEALTH CARE ADMINISTRATOR
(Position/Title)

with MADISON COUNTY JAIL
(Employer's Name and Address)

405 RANDLE ST, EDWARDSVILLE, IL 62025

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: IS THE HEALTH CARE ADMINISTRATOR AT THE MADISON COUNTY JAIL.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

UNKNOWN DEFENDANT
ALTON CITY JAIL ADMINISTRATOR
ALTON CITY JAIL
ALTON, IL 62002

IS THE ADMINISTRATOR FOR THE
ALTON CITY JAIL.

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☒ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. You must list ALL lawsuits in any jurisdiction, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): JOHN SANDERS

Defendant(s):

MICHAEL FLARE

2. Court (if federal court, name of the district; if state court, name of the county): U.S. DISTRICT COURT, EAST ST. LOUIS, IL.

3. Docket number: N/A

4. Name of Judge to whom case was assigned: N/A

5. Type of case (for example: Was it a habeas corpus or civil rights action?): CIVIL RIGHTS

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

DISMISSED

7. Approximate date of filing lawsuit:

5/19

8. Approximate date of disposition:

7/19

9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

FAILURE TO STATE A CLAIM

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,

1. What steps did you take?

FILED A GRIEVANCE

2. What was the result?

GRIEVANCE DENIED

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

ON 7/16/19 I SUBMITTED A STANDARD MEDICAL REQUEST FORM ASKING TO SEE A MENTAL HEALTH PROFESSIONAL. MY REQUEST (SEE EXHIBIT #1) WAS RETURNED TO ME POINTING OUT THAT I'D BEEN MOVED TO A DIFFERENT CELL BUT WITH NO EXPLANATION OVER MY REQUEST.

ON 9/15/19, I SUBMITTED ANOTHER REQUEST TO BE SEEN BY A MENTAL HEALTH PROFESSIONAL. MY REQUEST (SEE EXHIBIT #2) WAS RETURNED TO ME WITH A NOTE THAT SIMPLY SAID "MADCC DENIED REQUEST".

I THEN FILED A GRIEVANCE ON 9/17/19 ASKING WHY I WAS BEING DENIED ACCESS TO MENTAL HEALTH (SEE EXHIBIT #3) AND WAS PROVIDED VIRTUALLY NO EXPLANATION.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

MONETARY RELIEF IN THE AMOUNT OF \$250,000.00 FOR THE MENTAL DURESS I'VE SUFFERED AS A RESULT OF MY BEING DENIED ACCESS TO MENTAL HEALTH SERVICES

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ~~not~~ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed
on:

9/24/19
(date)

1700 E. BROADWAY
Street Address

ALTON, IL. 62002
City, State, Zip

John Sanders

Signature of Plaintiff

JOHN SANDERS

Printed Name

NA

Prisoner Register Number

Signature of Attorney (if any)

MEDICAL REQUEST FROM DETAINEE HOUSED AT ALTON PD

NAME: John Sanders DATE: 7-16-19

BLOCK: Cell 17 PERM #: 59046 DOB: 4-7-86

COMPLAINT: I would like to see mental Health, This
is the 3rd Time I put in I'm gonna
start being a problem in I don't talk to
Someone soon

HOW LONG: _____ ALLERGIES: _____ PHARMACY & CITY: _____

DISPOSITION AND INSTRUCTIONS: **(AREA BELOW FOR MEDICAL STAFF ONLY)**

was moved to a different
cell in alton pen
Captain Ellis

DR. / NURSE INITIALS: VB DATE: 7-17-19

****COST FOR ALL SLIPS: NURSE VISIT: \$5.00 /DR. VISIT: \$15.00/OFF SITE DR**
VISIT \$25.00

A CHARGE WILL BE APPLIED FOR ALL ACTUAL VISITS TO THE NURSES' STATION REGARDLESS OF
COMPLAINTS OR NUMBER OF TIMES THE COMPLAINT HAS BEEN DISCUSSED

TYPE OF VISIT IS THE DECISION OF THE MEDICAL STAFF.

Officer's Initials: _____

Date: _____

DR: _____

Date: _____

MEDICAL REQUEST FROM DETAINEE HOUSED AT ALTON PDNAME: John Sanders DATE: 9-18-19BLOCK: Cell 17 PERM #: 59046 DOB: 4-7-86COMPLAINT: I would like to see mental Health about my medication Thank you.

HOW LONG: _____

DISPOSITION AND _____

Mqdc denied request

DR. / NURSE INITIALS: _____ DATE: _____

****COST FOR ALL SLIPS: NURSE VISIT: \$5.00 /DR. VISIT: \$15.00/OFF SITE DR VISIT \$25.00**A CHARGE WILL BE APPLIED FOR ALL ACTUAL VISITS TO THE NURSES' STATION REGARDLESS OF COMPLAINTS OR NUMBER OF TIMES THE COMPLAINT HAS BEEN DISCUSSED**TYPE OF VISIT IS THE DECISION OF THE MEDICAL STAFF.**

Officer's Initials: _____

Date: _____

DR: _____

Date: _____

ORIGINAL

Nature of Grievance

Madison County said they were not going to have you
see a mental health Dr. This is not our decision, But
County that denied you.

✓ 9/18/19

John Sanders
1700 E Broadway
Alton IL
62002



FOREVER
USA



Barn Swallow

MAIL CLEARED
US MARSHALS

clerk of the court
united States district court
Southern District of Illinois
750 Missouri Avenue
East, St. Louis, IL

62201

6220182954 0002



RECEIVED

SEP 27 2019

CLERK, U.S. DISTRICT COURT
SOUTH DIVISION, U.S. DISTRICT COURT
EAST ST. LOUIS OFFICE



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER WASTE

